

July 21, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M2-03-1434-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Physical Medicine and Rehabilitation. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ suffered a work-related back injury on ___ when lifting a can of chemicals at work. Her MRI revealed some DJD changes as well as some disc abnormalities. She later had non-remarkable electrodiagnostic studies. In May of 2000 she was seen by ___, a neurosurgeon who diagnosed clinical radiculopathy. ___ later had a CT myelogram that was remarkable for DJD, disc abnormalities and also osteoporosis. She later had nerve root blocks. Eventually in late 2001 an L3/4 lumbar laminectomy was performed with posterior pedicle screws, connecting rod on the left, and fusion. This patient was found to be at MMI in March 2002. There were follow-up x-rays.

___ has had some ongoing level of chronic pain in the back and left lower extremity which has been treated with therapy, rehab and medications. There was also a trial use of the stimulator.

REQUESTED SERVICE

The purchase of an purchase of the RS-4i sequential muscle stimulator, a 4-channel combination interferential and muscle stimulator is requested for this patient.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The reviewer finds that the purchase of the requested stimulator is medically justified and reasonable. A letter from the patient dated 3/10/03 and multiple letters from ___, neurosurgeon, were reviewed, and in this case they were significantly influential.

Although the medical literature does denote that patients who do not received significant benefit, there are cases who do, and this can often only be discerned by trial. That has occurred in this case. She has certainly run the gamut of the multiple types of treatment, including surgery, since her original injury 3 1/2 years ago.

This patient has utilized the unit long enough to determine benefit and contribution to pain blocking mechanisms in her case, and that seems to be occurring for her and helping to a certain and reasonable/justifiable extent.

The medical literature does not rule out long-term benefits of these units in a certain percentage of patients.

In this case, the reviewer does recommend purchase of the RS-4i sequential muscle stimulator, a 4-channel combination interferential and muscle stimulator.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012.

A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 21st day of July 2003.